

SUBMIT - COMPLETED APPLICATION, TAX STATEMENT AND FEE TO:  
Bayfield County  
Planning and Zoning Depart.  
PO Box 58  
Washburn, WI 54891  
(715) 373-6138

APPLICATION FOR PERMIT  
BAYFIELD COUNTY, WISCONSIN  
Date: FEB 08 2013

Permit #: 13-0064  
Date: 3-13-13  
Amount Paid: \$752.13  
Refund: ENTERED

INSTRUCTIONS: No permits will be issued until all fees are paid.  
Checks are made payable to: Bayfield County Zoning Department.  
DO NOT START CONSTRUCTION UNTIL ALL PERMITS HAVE BEEN ISSUED TO APPLICANT.

Bayfield County - HOW TO OBTAIN THIS APPLICATION (visit our website www.bayfieldcounty.org/zoning/asp)

TYPE OF PERMIT REQUESTED -> <input checked="" type="checkbox"/> LAND USE <input type="checkbox"/> SANITARY <input type="checkbox"/> PRIVATE <input type="checkbox"/> CONDITIONAL USE <input type="checkbox"/> SPECIAL USE <input type="checkbox"/> B.O.A. <input type="checkbox"/> OTHER		
Owner's Name: Eric G. 11	Mailing Address: 7250 SW Hurt Club Portland, OR 97223	City/State/Zip: 793-1820
Address of Property: 5565 James Rd	City/State/Zip: Barnes, WI 54873	Cell Phone: 793-1820
Contractor: Jim Johnson	Contractor Phone: 795-2161	Plumber: 795-2161
Authorized Agent: (Person Signing Application on behalf of Owner(s)) Jim Johnson	Agent Phone: 795-2161	Agent Mailing Address (include City/State/Zip): 11100 S Murray Ln Barnes WI 54873
PROJECT LOCATION: 1/4, 1/4	Legal Description: (Use Tax Statement)	Subdivision: 1195
Section 2, Township 44 N, Range 9 W	Town of: Barnes	Lot Size: 971

<input checked="" type="checkbox"/> Shoreland ->	<input type="checkbox"/> Is Property/Land within 300 feet of River, Stream (incl. intermittent) Creek or Landward side of Floodplain?	Distance Structure is from Shoreline: feet	Is Property in Floodplain Zone? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Are Wetlands Present? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
	<input checked="" type="checkbox"/> Is Property/Land within 1000 feet of Lake, Pond or Flowage	Distance Structure is from Shoreline: 107 feet		
<input type="checkbox"/> Non-Shoreland				

Value at Time of Completion * include donated time & material: \$18,000	Project (What are you applying for):	# of Stories and/or basement:	Use:	# of bedrooms:	What Type of Sewer/Sanitary System Is on the property?	Water
<input type="checkbox"/> New Construction <input checked="" type="checkbox"/> Addition/Alteration <input type="checkbox"/> Conversion <input type="checkbox"/> Relocate (existing bldg) <input type="checkbox"/> Run a Business on Property	<input type="checkbox"/> 1-Story <input checked="" type="checkbox"/> 1-Story + Loft <input checked="" type="checkbox"/> 2-Story <input type="checkbox"/> Basement <input type="checkbox"/> No Basement <input type="checkbox"/> Foundation	<input type="checkbox"/> Seasonal <input checked="" type="checkbox"/> Year Round	<input checked="" type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> None	<input type="checkbox"/> Municipal/City <input type="checkbox"/> (New) Sanitary <input checked="" type="checkbox"/> Sanitary (exists) <input type="checkbox"/> Privy (pit) or <input type="checkbox"/> Vaulted (min 200 gallon) <input type="checkbox"/> Portable (w/service contract) <input type="checkbox"/> Compost Toilet <input type="checkbox"/> None	<input type="checkbox"/> City <input checked="" type="checkbox"/> Well	<input type="checkbox"/> City <input checked="" type="checkbox"/> Well

Existing Structure: (if permit being applied for is relevant to it)	Length: 24	Width: 15	Height: 8
Proposed Construction:			

Proposed Use	Proposed Structure	Dimensions	Square Footage
<input checked="" type="checkbox"/> Residential Use	Principal Structure (first structure on property)	( ) X ( )	
<input type="checkbox"/> Commercial Use	Residence (i.e. cabin, hunting shack, etc.)	( ) X ( )	
	with Loft	( ) X ( )	
	with a Porch	( ) X ( )	
	with (2 <sup>nd</sup> ) Deck	( ) X ( )	
	with Attached Garage	( ) X ( )	
<input type="checkbox"/> Municipal Use	Bunkhouse w/ ( ) sanitary, or ( ) sleeping quarters, or ( ) cooking & food prep facilities)	( ) X ( )	
	Mobile Home (manufactured date)	( ) X ( )	
	Addition/Alteration (specify) <u>screen porch</u>	(24 X 15)	360
Rec'd for Issuance	Accessory Building (specify)	( ) X ( )	
	Accessory Building Addition/Alteration (specify)	( ) X ( )	
Special Use: (explain)	Conditional Use: (explain)	( ) X ( )	
	Other: (explain)	( ) X ( )	

FEB 22 2013  
3-13  
Secretarial Staff

FAILURE TO OBTAIN A PERMIT OR STARTING CONSTRUCTION WITHOUT A PERMIT WILL RESULT IN PENALTIES  
I (we) declare that this application (including any accompanying information) has been examined by me (us) and to the best of my (our) knowledge and belief it is true, correct and complete. I (we) acknowledge that I (we) am (are) responsible for the detail and accuracy of all information I (we) am (are) providing and that it will be relied upon by Bayfield County in determining whether to issue a permit. I (we) further accept liability which may be a result of Bayfield County relying on this information. I (we) am (are) providing in or with this application. I (we) consent to county officials charged with administering county ordinances to have access to the above described property at any reasonable time for the purpose of inspection.

Owner(s):  
(if there are Multiple Owners listed on the Deed All Owners must sign or letter(s) of authorization must accompany this application)  
Authorized Agent:  
(if you are signing on behalf of the owner(s) a letter of authorization must accompany this application)  
Address to send permit:  
Date: 3-5-13  
Attach  
Copy of Tax Statement  
Used to 004-04-2-44-09-02-3 05-004-13000  
APPLICANT - PLEASE COMPLETE PLOT PLAN ON REVERSE SIDE

- Indicate your property (regardless of what you are applying for)
- Proposed Construction
- North (N) on Plot Plan
- (\*) Driveway and (\*) Frontage Road (Name Frontage Road)
- All Existing Structures on your Property
- (\*) Well (W); (\*) Septic Tank (ST); (\*) Drain Field (DF); (\*) Holding Tank (HT) and/or (\*) Privy (P)
- (\*) Lake; (\*) River; (\*) Stream/Creek; or (\*) Pond
- (\*) Wetlands; or (\*) Slopes over 20%

See attached

Please complete (1) – (7) above (prior to continuing)

(8) Setbacks: (measured to the closest point)

Changes in plans must be approved by the Planning & Zoning Dept.

Description	Measurement	Description	Measurement
Setback from the Centerline of Platted Road	300+ Feet	Setback from the Lake (ordinary high-water mark)	107 Feet
Setback from the Established Right-of-Way	300+ Feet	Setback from the River, Stream, Creek	N/A Feet
EASEMENT RD	300+ Feet	Setback from the Bank or Bluff	N/A Feet
Setback from the North Lot Line	40 Feet		
Setback from the South Lot Line	140 Feet	Setback from Wetland	N/A Feet
Setback from the West Lot Line	N/A Feet	Setback from 20% Slope Area	N/A Feet
Setback from the East Lot Line	6 Feet	Elevation of Floodplain	85+ Feet
Setback to Septic Tank or Holding Tank	15 Feet	Setback to Well	3 Feet
Setback to Drain Field	30 Feet		
Setback to Privy (Portable, Composting)	N/A Feet		

Prior to the placement or construction of a structure within ten (10) feet of the minimum required setback, the boundary line from which the setback must be measured must be visible from one previously surveyed corner to the

Prior to the placement or construction of a structure more than ten (10) feet but less than thirty (30) feet from the minimum required setback, the boundary line from which the setback must be measured must be visible from one previously surveyed corner to the other previously surveyed corner, or marked by a licensed surveyor at the owner's expense.

Prior to the placement or construction of a structure within ten (10) feet of the minimum required setback, the boundary line from which the setback must be measured must be visible from one previously surveyed corner to the other previously surveyed corner, or verifiable by the Department by use of a corrected compass from a known corner within 500 feet of the proposed site of the structure, or must be marked by a licensed surveyor at the owner's expense.

(9) Stake or Mark Proposed Location(s) of New Construction Septic Tank (ST), Drain Field (DF), Holding Tank (HT), Privy (P), and Well (W).

NOTICE: All Land Use Permits Expire One (1) Year from the Date of Issuance if Construction or Use has not begun.

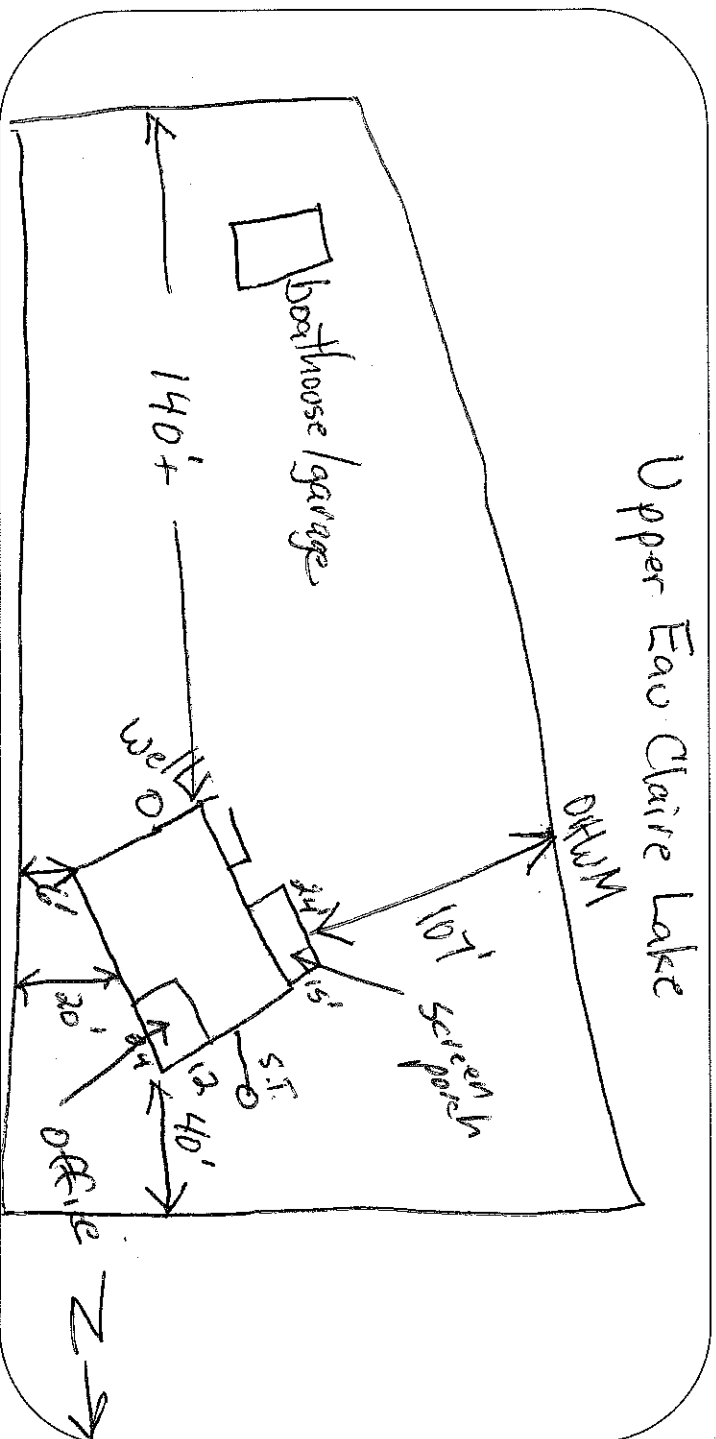
For The Construction Of New One & Two Family Dwellings: ALL Municipalities Are Required To Enforce The Uniform Dwelling Code.

The local Town, Village, City, State or Federal agencies may also require permits.

Issuance Information (County Use Only)		Sanitary Number: 2426	# of bedrooms: 2	Sanitary Date: 10-8-74	
Permit Denied (Date):		Reason for Denial:			
Permit #: 13-0024		Permit Date: 3-13-13			
Is Parcel a Sub-Standard Lot Is Parcel in Common Ownership Is Structure Non-Conforming		<input type="checkbox"/> Yes (Deed of Record) <input checked="" type="checkbox"/> Yes (Fused/Contiguous lots) <input type="checkbox"/> No	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> No	Mitigation Required Mitigation Attached <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Affidavit Required Affidavit Attached <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Granted by Variance (B.O.A.) <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Case #:	Previously Granted by Variance (B.O.A.) <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Case #:
Was Parcel Legally Created Was Proposed Building Site Delineated		<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Were Property Lines Represented by Owner Was Property Surveyed		<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
Inspection Record: Non-conforming structure is from rear lot line.					
Date of Inspection: 2-12-13		Inspected by: M. Furdale		Zoning District (R-1) Lakes Classification (1)	
Condition(s): Town, Committee or Board Conditions Attached? <input type="checkbox"/> Yes <input type="checkbox"/> No (If No they need to be attached.)		Date of Re-Inspection:			
Signature of Inspector: Michael Furdale		Date of Approval: 3-13-13			
Hold For Sanitary: <input type="checkbox"/>		Hold For TBA: <input type="checkbox"/>		Hold For Affidavit: <input type="checkbox"/>	
		Hold For Fees: <input type="checkbox"/>		<input type="checkbox"/>	

In the box below: **Draw or Sketch your Property** (regardless of what you are applying for)

- (1) Show Location of: **Proposed Construction**
- (2) Show / Indicate: **North (N) on Plot Plan**
- (3) Show Location of (\*): **(\*) Driveway and (\*) Frontage Road (Name Frontage Road)**
- (4) Show: **All Existing Structures on your Property**
- (5) Show: **(\*) Well (W); (\*) Septic Tank (ST); (\*) Drain Field (DF); (\*) Holding Tank (HT) and/or (\*) Privy (P)**
- (6) Show any (\*): **(\*) Lake; (\*) River; (\*) Stream/Creek; or (\*) Pond**
- (7) Show any (\*): **(\*) Wetlands; or (\*) Slopes over 20%**



Please complete (1) - (7) above (prior to continuing)

Changes in plans must be approved by the Planning & Zoning Dept.

(8) Setbacks: (measured to the closest point)

Description	Measurement	Description	Measurement
Setback from the Centerline of Platted Road	300 + Feet	Setback from the Lake (ordinary high-water mark)	107 Feet
Setback from the Established Right-of-Way	300 + Feet	Setback from the River, Stream, Creek	NA Feet
<i>eastern rd</i>	80 + Feet	Setback from the Bank or Bluff	NA Feet
Setback from the North Lot Line	40 Feet	Setback from Wetland	NA Feet
Setback from the South Lot Line	140 Feet	Setback from 20% Slope Area	NA Feet
Setback from the West Lot Line	140 Feet	Elevation of Floodplain	85 + Feet
Setback from the East Lot Line	Feet		
Setback to Septic Tank or Holding Tank	15 Feet	Setback to Well	3 Feet
Setback to Drain Field	39 Feet		
Setback to Privy (Portable, Composting)	NA Feet		

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(9) Stake or Mark Proposed Location(s) of New Construction, Septic Tank (ST), Drain Field (DF), Holding Tank (HT), Privy (P), and Well (W).

NOTICE: All Land Use Permits Expire One (1) Year from the Date of Issuance if Construction or Use has not begun.

For The Construction Of New One & Two Family Dwellings: All Municipalities Are Required To Enforce The Uniform Dwelling Code.

The local Town, Village, City, State or Federal agencies may also require permits.

<b>Issuance Information (County Use Only)</b>	Sanitary Number: <b>2426</b>	# of bedrooms: <b>2</b>	Sanitary Date: <b>10-8-74</b>
Permit Denied (Date):	Reason for Denial:		
Permit #:	Permit Date:		
Is Parcel a Sub-Standard Lot Is Parcel in Common Ownership Is Structure Non-Conforming	<input type="checkbox"/> Yes (Deed of Record) <input checked="" type="checkbox"/> Yes (Fused/Contiguous lot(s)) <input type="checkbox"/> No	Mitigation Required Mitigation Attached	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Granted by Variance (B.O.A.) <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Case #:	Previously Granted by Variance (B.O.A.) <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Case #:
Was Parcel Legally Created Was Proposed Building Site Delineated	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Were Property Lines Represented by Owner Was Property Surveyed	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
Inspection Record:			
Date of Inspection: <b>2-12-75</b>	Inspected by: <b>Donor forming structure to form new lot line.</b>	Zoning District: <b>(R-1)</b>	Lakes Classification: <b>(1)</b>

Condition(s): Town, Committee or Board Conditions Attached? ☐ Yes ☐ No (If No they need to be attached.)

Signature of Inspector: <b>see attached</b>	Date of Approval: <b>2-23-75</b>		
Hold For Sanitary: <input type="checkbox"/>	Hold For TBA: <input type="checkbox"/>	Hold For Affidavit: <input checked="" type="checkbox"/>	Hold For Fees: <input type="checkbox"/>

SUBMIT: COMPLETED APPLICATION, TAX STATEMENT AND FEE TO:  
Bayfield County  
Planning and Zoning Depart.  
PO Box 58  
Washburn, WI 54891  
(715) 373-6138

APPLICATION FOR PERMIT

BAYFIELD COUNTY, WISCONSIN

Date Stamp (Received)

FEB 08 2013

Bayfield Co. Zoning Dept.

Permit #:	13-0035
Date:	3-13-13
Amount Paid:	\$777.00
Refund:	

INSTRUCTIONS: No permits will be issued until all fees are paid.  
Checks are made payable to: Bayfield County Zoning Department.  
DO NOT START CONSTRUCTION UNTIL ALL PERMITS HAVE BEEN ISSUED TO APPLICANT.

HOW DO I FILL OUT THIS APPLICATION (visit our website [www.bayfieldcounty.org/zoning.asp](http://www.bayfieldcounty.org/zoning.asp))

TYPE OF PERMIT REQUESTED: <input checked="" type="checkbox"/> LAND USE <input type="checkbox"/> SANITARY <input type="checkbox"/> PRIVATE <input type="checkbox"/> CONDITIONAL USE <input type="checkbox"/> SPECIAL USE <input type="checkbox"/> B.O.A. <input type="checkbox"/> OTHER		
Owner's Name: Eric G-11	Mailing Address: 72505W Hunt Club Terland, OR	City/State/Zip: 97223
Address of Property: 5565 James Rd	City/State/Zip: Barnes, WI	Telephone: (603) 793-1820
Contractor: Jim Johnson (715)	Contractor Phone: 795-2161	Plumber: 54873
Authorized Agent: (Person Signing Application on behalf of Owner's) Jim Johnson	Agent Phone: 795-2161	Agent Mailing Address (include City/State/Zip): 11005 Murray Lk. Barnes
PROJECT LOCATION: 1/4, 1/4	Legal Description: (Use Tax Statement)	PLN: (23 digits) 04-0042-44-09-02-3
Section 2, Township 44 N, Range 9 W	CSM: 1823	Vol & Page: 05-004-1300
Lot(s): 1	Block(s) No. 1300	Recorded Document: (i.e. Property Ownership) Volume 1095 Page(s) 59
Distance Structure is from Shoreline: 107 feet	Distance Structure is from Shoreline: 107 feet	Is Property in Floodplain Zone? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
Are Wetlands Present? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Are Wetlands Present? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

Value at Time of Completion * include donated time & material: \$15,000	Project (What are you applying for):	# of Stories and/or basement:	Use:	# of bedrooms:	What Type of Sewer/Sanitary System Is on the property?	Water
<input type="checkbox"/> New Construction	<input type="checkbox"/> 1-Story	<input type="checkbox"/> Seasonal	<input type="checkbox"/> 1	<input type="checkbox"/> Municipal/City	Specify Type: _____	<input type="checkbox"/> City
<input checked="" type="checkbox"/> Addition/Alteration	<input type="checkbox"/> 1-Story + Loft	<input checked="" type="checkbox"/> Year Round	<input checked="" type="checkbox"/> 2	<input type="checkbox"/> (New) Sanitary	Specify Type: _____	<input checked="" type="checkbox"/> Well
<input type="checkbox"/> Conversion	<input checked="" type="checkbox"/> 2-Story	<input type="checkbox"/> 3	<input checked="" type="checkbox"/> 3	<input checked="" type="checkbox"/> Sanitary (Exists)	Specify Type: _____	
<input type="checkbox"/> Relocate (existing bldg)	<input type="checkbox"/> Basement	<input type="checkbox"/> 3	<input type="checkbox"/> 3	<input type="checkbox"/> Privy (Pit) or Vaulted (min 200 gallon)		
<input type="checkbox"/> Run a Business on Property	<input type="checkbox"/> No Basement	<input type="checkbox"/> None	<input type="checkbox"/> None	<input type="checkbox"/> Portable (w/ service contract)		
<input type="checkbox"/>	<input type="checkbox"/> Foundation	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> Compost Toilet		
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> None		

Existing Structure: (if permit being applied for is relevant to it)	Length: 12	Width: 24	Height: 8
Proposed Construction:	Length: 12	Width: 24	Height: 8

Proposed Use: <input checked="" type="checkbox"/>	Proposed Structure: Principal Structure (first structure on property)	Dimensions: ( )	Square Footage: ( )
<input type="checkbox"/>	Residence (i.e. cabin, hunting shack, etc.)	( )	( )
<input checked="" type="checkbox"/>	with Loft	( )	( )
<input type="checkbox"/>	with a Porch	( )	( )
<input type="checkbox"/>	with (2 <sup>nd</sup> ) Deck	( )	( )
<input type="checkbox"/>	with a Deck	( )	( )
<input type="checkbox"/>	with Attached Garage	( )	( )
<input type="checkbox"/>	Bunkhouse w/ ( ) sanitary, or ( ) sleeping quarters, or ( ) cooking & food prep facilities	( )	( )
<input type="checkbox"/>	Mobile Home (manufactured date)	( )	( )
<input checked="" type="checkbox"/>	Addition/Alteration (specify) Office/Computer room	(12 x 24)	288
<input type="checkbox"/>	Accessory Building (specify)	( )	( )
<input type="checkbox"/>	Accessory Building Addition/Alteration (specify)	( )	( )
<input type="checkbox"/>	Special Use: (explain)	( )	( )
<input type="checkbox"/>	Conditional Use: (explain)	( )	( )
<input type="checkbox"/>	Other: (explain)	( )	( )

FAILURE TO OBTAIN A PERMIT OR STARTING CONSTRUCTION WITHOUT A PERMIT WILL RESULT IN PENALTIES

I (we) declare that this application (including any accompanying information) has been examined by me (us) and to the best of my (our) knowledge and belief it is true, correct and complete. I (we) acknowledge that I (we) am (are) responsible for the detail and accuracy of all information I (we) am (are) providing and that it will be relied upon by Bayfield County in determining whether to issue a permit. I (we) further accept liability which may be a result of Bayfield County relying on this information. I (we) am (are) providing in or with this application. I (we) consent to county officials charged with administering county ordinances to have access to the above described property at any reasonable time for the purpose of inspection.

Owner(s): \_\_\_\_\_ Date: \_\_\_\_\_

(If there are Multiple Owners listed on the Deed All Owners must sign or letter(s) of authorization must accompany this application)

Authorized Agent: \_\_\_\_\_ Date: 2-5-13

(If you are signing on behalf of the owner(s) a letter of authorization must accompany this application)

Address to send permit: \_\_\_\_\_

Used to 004-04-2-44-09-02-3 05-004-13000

APPLICANT - PLEASE COMPLETE PLOT PLAN ON REVERSE SIDE

Copy of Tax Statement

Attach

Date: 2-5-13



(1)	Show location of:	Proposed Construction
(2)	Show / Indicate:	North (N) on Plot Plan
(3)	Show location of (*):	(* ) Driveway and (* ) Frontage Road (Name Frontage Road)
(4)	Show:	All Existing Structures on your Property
(5)	Show:	(* ) Well (W), (* ) Septic Tank (ST), (* ) Drain Field (DF), (* ) Holding Tank (HT) and/or (* ) Privy (P)
(6)	Show any (*):	(* ) Lake; (* ) River; (* ) Stream/Creek; or (* ) Pond
(7)	Show any (*):	(* ) Wetlands; or (* ) Slopes over 20%



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©©January 2012 *oil & system verification*



45565  
JAMES RD

All on one level  
Leaving old roof line

